

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

GREENBELT-NIGHT BOX

2020 JUN 12 PM 3:24

U.S. BANKRUPTCY COURT
DISTRICT OF MARYLAND

June Dea

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

Secretary

Department of Health and Human Services

U.S. Food and Drug Administration

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for Employment
Discrimination

Case No. PJM 20 CV 1826

(to be filled in by the Clerk's Office)

Jury Trial: Yes No
(check one)

*RECEIVED
JUN 15 2020
CLERK U.S. DISTRICT COURT
DISTRICT OF MARYLAND*

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DISTRICT OF MARYLAND
DEPUTY*

I. The Parties to This Complaint

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U.S. BANKRUPTCY COURT

DISTRICT OF MARYLAND

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	June Dea
Street Address	11511 Nevis Dr
City and County	Beltsville Prince Georges
State and Zip Code	Maryland 20705
Telephone Number	240-547-9434
E-mail Address	jdea@hotmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	U.S. Food and Drug Administration
Job or Title (if known)	
Street Address	5001 Campus Dr
City and County	College Park, Prince Georges
State and Zip Code	Maryland 20740
Telephone Number	
E-mail Address (if known)	

Defendant No. 2

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Name	2020 JUN 12 PM 3:24
Job or Title (if known)	U.S. BANKRUPTCY COURT DISTRICT OF MARYLAND
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	

Defendant No. 3

Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	

(If there are more than three defendants, attach an additional page providing the same information for each additional defendant.)

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is:

Name	Food & Drug Administration
Street Address	5001 Campus Dr
City and County	College Park, Prince Georges
State and Zip Code	Maryland 20740
Telephone Number	

II. Basis for Jurisdiction

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This action is brought for discrimination in employment pursuant to (check all that apply):
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Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

Other federal law (specify the federal law):
Administrative failure 29 C.F.R. §§ 1614.109 see Affadavit Attachment 1

Relevant state law (specify, if known):

Relevant city or county law (specify, if known):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (check all that apply):

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DISTRICT OF MARYLAND

- Failure to hire me.
- Termination of my employment.
- Failure to promote me.
- Failure to accommodate my disability.
- Unequal terms and conditions of my employment.
- Retaliation.
- Other acts (specify): _____

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

2020 - Feb 12; 2019 - July 1, May 31, April 23, Mar 8 & 12; 2018 - Dec 4, Sept 7

C. I believe that defendant(s) (check one):

- is/are still committing these acts against me.
- is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check all that apply and explain):

- race Asian _____
- color _____
- gender/sex female _____
- religion _____
- national origin _____
- age. My year of birth is 1961. (Give your year of birth only if you are asserting a claim of age discrimination.)
- disability or perceived disability (specify disability)

E. The facts of my case are as follows. Attach additional pages if needed. **BOX**

I was unjustly terminated from my job July 1, 2019 due to retaliation and harassment.

The deciding official was Camille Brewer. My supervisor, Julie Moss, micromanaged and gave me disparate treatment than other coworkers. She denied my requests to work for other managers and offices. She gave me poor performance and took actions to fire me. These activities persisted to my termination July 1, 2019. See Attachment 2 EEOC filing.

EEOC failed to provide right to sue letter in violation of 29 C.F.R. Section §§1614.101 to 1614.707

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

July 10, 2019

B. The Equal Employment Opportunity Commission (check one):
EEOC failed to provide right to sue letter despite request in violation of 1614.101 to 1614.707

has not issued a Notice of Right to Sue letter. 29 CFR Section 1614.101 to 1614.707

issued a Notice of Right to Sue letter, which I received on (date)

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (*check one*):

60 days or more have elapsed.
 less than 60 days have elapsed.

V. Relief

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DISTRICT OF COLUMBIA

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

1. **Reinstatement to GS-14 step 6 level; credit for time in service July 1, 2019 to present**
2. **Reimbursement for lost wages \$\$725,638.20. See Attachment 3 Relief for complete breakdown**
3. **Reimbursement for attorney, consultant and other fees associated with this case \$2,521 (Att 3)**
- 4. Reimbursement for health insurance costs \$34,450 (Attachment 3)**
5. **Reimbursement for lost government contributions to retirement \$268,749.61 (Attach 3)**
6. **Punitive damages for pain and suffering due to job loss \$515,679.41 (Attach 3)**

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UNITED STATES DISTRICT COURT

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: June 10, 2020

Signature of Plaintiff



Printed Name of Plaintiff

June Dea

(If more than one plaintiff is named in the complaint, attach an additional certification and signature page for each additional plaintiff.)

B. For Attorneys

Date of signing: _____, 20 ____.

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number

E-mail Address